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September 8, 2004

**GROUP: 1635****FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: RTS-0200****SERIAL NO.: 10/006,911****FILED: November 8, 2001****CUSTOMER NO.: 32862****CONFIRMATION NO.: 1396****NUMBER OF PAGES: 13**

(including this sheet)

**MESSAGE:** Attached is an Amendment Transmittal Letter (in duplicate) and  
Amendment in response to Office Action dated June 2, 2004.**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

\* \* \* \* \*

If you have any questions, or did not receive the proper number of pages, or had trouble  
during transmission, please call 856-810-1515.**CONFIDENTIALITY NOTICE**

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**COMBINED AMENDMENT & PETITION FOR EXTENSION OF  
TIME UNDER 37 CFR 1.136(a) (Large Entity)**Docket No.  
RTS-0200

In Re Application Of: Gaarde and Watt

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/006,911	November 8, 2001	James Schultz	32862	1635	1396

Invention: **ANTISENSE MODULATION OF HUMAN COLLAPSin RESPONSE MEDIATOR  
PROTEIN 2 EXPRESSION****COMMISSIONER FOR PATENTS:**

This is a combined amendment and petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of June 2, 2004 in the above-identified application.  
*Date*

The requested extension is as follows (check time period desired):

☒ One month      ☐ Two months      ☐ Three months      ☐ Four months      ☐ Five months

from: September 3, 2004      until: October 2, 2004  
*Date*      *Date*

The fee for the amendment and extension of time has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$86.00	\$0.00
FEE FOR AMENDMENT					\$0.00
FEE FOR EXTENSION OF TIME					\$110.00
TOTAL FEE FOR AMENDMENT AND EXTENSION OF TIME					\$110.00

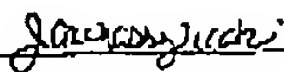
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**COMBINED AMENDMENT & PETITION FOR EXTENSION OF  
TIME UNDER 37 CFR 1.136(a) (Large Entity)**Docket No.  
RTS-0200

The fee for the amendment and extension of time is to be paid as follows:

- ☐ A check in the amount of \$110.00 for the amendment and extension of time is enclosed.
- ☒ Please charge Deposit Account No. 50-1619 in the amount of \$110.00
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 50-1619
- ☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**



Signature

Dated: September 8, 2004

Jane Massey Licata  
Reg. No. 32,257  
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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] o.

(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC:

P28LARGE/REV04

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. <b>RTS-0200</b>
Applicant(s): <b>Gaarde and Watt</b>			
Application No. <b>10/006,911</b>	Filing Date <b>November 8, 2001</b>	Examiner <b>James Schultz</b>	Group Art Unit <b>1635</b>
Invention: <b>ANTISENSE MODULATION OF HUMAN COLLAPSEN RESPONSE MEDIATOR PROTEIN 2 EXPRESSION</b>			
<p>I hereby certify that this <u>Reply under 37 C.F.R. 1.111</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> )</p> <p>on <u>September 8, 2004</u> (Date)</p> <p><u>Jane Massey Licata</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Jane Massey Licata</u> (Signature)</p>			
Note: Each paper must have its own certificate of mailing.			